

PRIVACY AUTHORIZATION

Date: _____

Dear Congressman Hostettler,

I request your assistance in resolving the problems I am having with (name of Federal Agency):

Please make a statement concerning the specific information you are requesting or the exact nature of the problem you have encountered. Use second sheet if necessary.

Federal law prohibits investigations into the lives and records of U. S. Citizens by government agencies, as well as members of Congress, without expressed permission from the individual on whose behalf the inquiry is made. Your full cooperation is requested in ensuring compliance with the 1974 Privacy Act.

Printed Name _____ Phone (Home) _____

Signature _____ Phone (Work) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Date of Birth _____ Social Security # _____

VA Claim # _____ INS # A- _____

Please send completed form to the address below:

Congressman John Hostettler
901 Wabash Avenue, Suite 140
Terre Haute, IN 47807
Phone: 812-232-0523
Toll Free: 800-321-9830
Fax: 812-232-0526